

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 27 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Susan H. Paschell; James P. Monahan			
II. Name of lobbyist's partnership, firm or corporation, if any:			
The Dupont Group (Name of partnership, firm or corporation)			
114 N Main St. Suite 401 Concord, NH 03301 Business Address: (Street) (Town/City) (State) (Zip Code)			
(603)228-3322 (603) 228-0713 e-mail jmonahan@dupontgroup.com (Telephone) (Fax)			
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).			
All reportable transactions occurring in the month prior to the reporting date relative to the following client:			
Bi State Primary Care Association			
(Full Name of Client as it appears on the Lobbyist Registration Form) OR			
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.			
IV. Date of Report Reports cover April 25, 2018 April 25, 2018 July 25, 2018 X activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18			
October 31, 2018			
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses			
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement			
☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions.			
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.			
pusaut. Paschell			
7/25/2018 (Signature of lobbyist) (Date)			
Susan H. Paschell			



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

I. Name of Lobbyist(s)	
Susan H. Paschell ; James P. Monahan	·
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Bi State Primary Care Association	<u>Date</u> 7/25/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or polegislation, and related legal work. The gross fee amount reported shall not be a	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$ 6000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b)\$6000
c) Total of all fees received to date (Add lines a and b)	c) \$12000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expert unrelated to any one client a separate report may be filed for the lobbyist(s)/firming categories of expenses: (a) the aggregate total of all expenses paid during the resolution of the expenses; (b) the aggregate total of all individual expenses where the expenses during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person being termized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported and addendum A.	ditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and benefiture was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to an lobbied with a value of \$25.00 or less); and (c) an eriod of greater than \$25.00 for any purpose not purchase of a ceremonial object to be given to the aurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period . (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including by
Paid to: Amount:	e.
·	
	\$
	\$
	\$
,	\$
•	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.	
pusauH. Paschell	
	/2018
(Signature of lobbyist) (Date	e)
Susan H. Paschell	
(Print Name of lobbyist)	

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NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying partnership, firm, or corporation:	The Dupont Gro	oup		
Name of Client (leave blank if Statement is for the partnership	o, firm, or corporat	tion and not related to any particular		
client): Bi State Primary Care Association				
Date of Report (check one):				
April 25, 2018	r 31, 2018 🗌	January 30, 2019 🔲		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
Addendum A(s).				
0 Addendum B(s).				
<u>0</u> Addendum C(s).				
I hereby swear or affirm that the foregoing information on the the best of my knowledge and belief.	Statement and eac	ch Addendum is true and complete to		
(Signature of lobbyist)	7/25/201 (Date)	18		
James P. Monahan (Print Name of lobbyist)	_			